DOCUMENT INVENTORY FORM - ETS

Name: _____

TEAM ~~Department:~~ AE _____

Office Location: _____

Tel. Extension: _____

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	~~Medium~~ FORM OF STORAGE	Time Period
—	DIAGRAMS	—	—	—	
	DOCUMENTATION	—	—	—	
	PIF	1 2	406.2 410	SINGLE	
	PROTOCOLS	4 12	406.2 410	BOOKS	
	RAW DATA	3 10 3	406.2 410 411	SINGLE	
	REPORTS	3 13	406.2 410	BOOKS	

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